

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	62607	9/28/99
O.I.P.E. CLASSIFIER		59	106
FORMALITY REVIEW	CM	71632	10/15/99
	CM	71632	4/12/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1		51		110	
2		52		112	
3		53		113	
4		54		114	
5		55		115	
6		56		116	
7		57		117	
8		58		118	
9		59		119	
10		60		120	
11		61		121	
12		62		122	
13		63		123	
14		64		124	
15		65		125	
16		66		126	
17		67		127	
18		68		128	
19		69		129	
20		70		130	
21		71		131	
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26		76		136	
27		77		137	
28		78		138	
29		79		139	
30		80		140	
31		81		141	
32		82		142	
33		83		143	
34		84		144	
35		85		145	
36		86		146	
37		87		147	
38		88		148	
39		89		149	
40		90		150	
41		91			
42		92			
43		93			
44		94			
45		95			
46		96			
47		97			
48		98			
49		99			
50		100			

If more than 150 claims or 10 actions
 staple additional sheet here

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